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DUANE M. THREM	M- THREM	M-	ANE	$\mathcal{D}_{\mathcal{O}}$
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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH 11 CONTRIBUTION 1	AMOUNT OF EACH CONTRIBUTION	CHECKHERE
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Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE: OF EACH CONTRIBUTION	AMOUNT OF EACH. A CONTRIBUTION
5-8-2002	100.5

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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PAGE_ OF_ Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO REGEIVED THE PAYMENT FOR THE EXPENSE(S):	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
44.			

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M. THREM Name (print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSES:	AMOUNT OF EACH: EXPENSES:	- CATEGORY
5-08-2002	10000	J- Filing
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DATE OF EACH NEXPENSE #	AMOUNT OF EACH * EXPENSE >>	CATEGORY
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